



MISSOURI DEPARTMENT OF NATURAL RESOURCES
LAND RECLAMATION COMMISSION
COMPLIANCE SECTION

P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102-0176

PAGE

OF

I. COMPANY INFORMATION

A. THE APPLICANT IS A:

☐ Corporation ☐ Partnership ☐ Single Proprietorship ☐ Association ☐ Other (Specify): _____

ANYONE DOING BUSINESS IN THE STATE OF MISSOURI UNDER A NAME OTHER THAN HIS OR HER OWN GIVEN NAME MUST BE REGISTERED WITH THE SECRETARY OF STATE'S OFFICE IN JEFFERSON CITY.

B. LIST THE APPLICANT AND EVERY PERSON ASSOCIATED WITH THE APPLICANT IN A MANAGEMENT FUNCTION. THE DEFINITION OF "PERSON ASSOCIATED WITH THE APPLICANT IN A MANAGEMENT FUNCTION" MEANS ANY PARTNERSHIP, PROPRIETORSHIP, CORPORATION, LIMITED LIABILITY COMPANY, JOINT VENTURE, OR OTHER TYPE OF BUSINESS ENTITY SHALL BE DEEMED TO BE RELATED TO OR ASSOCIATED WITH ANY OTHER PARTNERSHIP, PROPRIETORSHIP, CORPORATION, LIMITED LIABILITY COMPANY, JOINT VENTURE, OR OTHER TYPE OF BUSINESS ENTITY WHICH HAS ONE OR MORE PERSONS WHO SERVE AS AN OWNER, PARTNER, SHAREHOLDER, MEMBER, MANAGER, OFFICER, OR DIRECTOR OF BOTH ENTITIES. THIS DEFINITION INCLUDES NOT JUST SUBSIDIARIES OF THE APPLICANT, BUT SISTER AND PARENT COMPANIES AS WELL AS UNRELATED COMPANIES THAT HAVE SOME OVERLAP WITH OWNERS, SHAREHOLDERS, OR CORPORATE MANAGEMENT.

☐ IF NO OTHER ENTITY OR OTHER PERSON IS ASSOCIATED WITH THE APPLICANT IN A MANAGEMENT FUNCTION, PLEASE CHECK THE BOX AT THE LEFT, AND CONTINUE TO THE NEXT PAGE COMPLIANCE SECTION II. "PERMIT INFORMATION FORM".

NAME				
BUSINESS ALIAS (IF ANY)		EIN/SSN (OPTIONAL)		
STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO		PERCENT OWNER (OPTIONAL)		
TITLE/POSITION - SHAREHOLDER, OFFICER, PARTNER, DIRECTOR, OTHER OR COMBINATION THEREOF				
BEGINNING DATE OF TERM		ENDING DATE OF TERM		

NAME				
BUSINESS ALIAS (IF ANY)		EIN/SSN (OPTIONAL)		
STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO		PERCENT OWNER (OPTIONAL)		
TITLE/POSITION - SHAREHOLDER, OFFICER, PARTNER, DIRECTOR, OTHER OR COMBINATION THEREOF				
BEGINNING DATE OF TERM		ENDING DATE OF TERM		

NAME				
BUSINESS ALIAS (IF ANY)		EIN/SSN (OPTIONAL)		
STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO		PERCENT OWNER (OPTIONAL)		
TITLE/POSITION - SHAREHOLDER, OFFICER, PARTNER, DIRECTOR, OTHER OR COMBINATION THEREOF				
BEGINNING DATE OF TERM		ENDING DATE OF TERM		

PLEASE MAKE COPIES OF THIS FORM IF THERE IS ADDITIONAL INFORMATION OR USE ANOTHER SHEET OF PAPER USING A SIMILAR FORMAT.



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II. PERMIT INFORMATION

LIST EVERY PERMIT THAT HAS BEEN HELD BY THE APPLICANT AND ANY ENTITY THAT IS LISTED IN THE **COMPANY INFORMATION FORM**. THIS MEANS ANY PERMIT ISSUED BY THE MISSOURI DEPARTMENT OF NATURAL RESOURCES INCLUDING THOSE WHICH MAY HAVE BEEN REVOKED, SUSPENDED OR EXPIRED.

☐ **IF NO OTHER ENTITY OR OTHER PERSON IS ASSOCIATED WITH THE APPLICANT IN A MANAGEMENT FUNCTION, PLEASE CHECK THE BOX AT THE LEFT, AND CONTINUE TO THE NEXT PAGE COMPLIANCE SECTION III. "NON-COMPLIANCE INFORMATION FORM".**

NAME OF PERMIT HOLDER	TITLE OF PERMIT
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ISSUING AGENCY OF THE DEPARTMENT OF NATURAL RESOURCES

PERMIT NUMBER	DATE ISSUED	DATE EFFECTIVE	DATE EXPIRES
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SITE IDENTIFICATION

LOCATION

NAME OF PERMIT HOLDER	TITLE OF PERMIT
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ISSUING AGENCY OF THE DEPARTMENT OF NATURAL RESOURCES

PERMIT NUMBER	DATE ISSUED	DATE EFFECTIVE	DATE EXPIRES
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SITE IDENTIFICATION

LOCATION

NAME OF PERMIT HOLDER	TITLE OF PERMIT
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ISSUING AGENCY OF THE DEPARTMENT OF NATURAL RESOURCES

PERMIT NUMBER	DATE ISSUED	DATE EFFECTIVE	DATE EXPIRES
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SITE IDENTIFICATION

LOCATION

NAME OF PERMIT HOLDER	TITLE OF PERMIT
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ISSUING AGENCY OF THE DEPARTMENT OF NATURAL RESOURCES

PERMIT NUMBER	DATE ISSUED	DATE EFFECTIVE	DATE EXPIRES
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SITE IDENTIFICATION

LOCATION

NAME OF PERMIT HOLDER	TITLE OF PERMIT
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ISSUING AGENCY OF THE DEPARTMENT OF NATURAL RESOURCES

PERMIT NUMBER	DATE ISSUED	DATE EFFECTIVE	DATE EXPIRES
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SITE IDENTIFICATION

LOCATION

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III. NON-COMPLIANCE INFORMATION

LIST EACH NOTICE OF VIOLATION* OR OTHER NON-COMPLIANCE* THE APPLICANT OR OTHER PERSON'S ASSOCIATED WITH THE APPLICANT IN A MANAGEMENT FUNCTION, LISTED IN THE **COMPANY INFORMATION FORM** THAT HAS RECEIVED FOR ACTIVITIES OR FACILITIES LOCATED IN MISSOURI FOR A FIVE-YEAR PERIOD IMMEDIATELY PROCEEDING THE DATE ON THE PERMIT APPLICATION FORM. INCLUDE ANY SETTLEMENT AGREEMENT, CONSENT ORDER, CONSENT JUDGEMENT, FINAL ORDER, ETC. ***NOTE:** THE FOCUS OF THE NOTICE OF VIOLATION OR NON-COMPLIANCE CONCERNS ISSUES THAT HAVE RESULTED IN HARM TO THE ENVIRONMENT OR IMPAIRED THE HEALTH, SAFETY OR LIVELIHOOD OF PERSONS OUTSIDE THE FACILITY.

- ☐ IF THE APPLICANT OR ANY OTHER PERSON ASSOCIATED WITH THE APPLICANT IN A MANAGEMENT FUNCTION, HAS HAD A PERMIT REVOKED AT ANY TIME FROM THE MISSOURI DEPARTMENT OF NATURAL RESOURCES, PLEASE CHECK THE BOX AT THE LEFT AND PROVIDE EXPLANATION BELOW.
- ☐ IF THE APPLICANT OR ANY OTHER ENTITY ASSOCIATED WITH THE APPLICANT HAS NOT BEEN CITED WITH A NON-COMPLIANCE CONCERNING ENVIRONMENTAL ISSUES FOR ACTIVITIES OR FACILITIES LOCATED IN MISSOURI FOR A FIVE-YEAR PERIOD IMMEDIATELY PROCEEDING THE DATE ON THE PERMIT APPLICATION FORM, PLEASE CHECK THE BOX AT THE LEFT, AND COMPLETE THE LAST PAGE OF THE COMPLIANCE SECTION FORM TITLED "IV. NOTARIZED SIGNATURE".

NON-COMPLIANCE NUMBER	LOCATION	DATE ISSUED	DEPARTMENT OF NATURAL RESOURCE AGENCY THAT ISSUED NON-COMPLIANCE	BRIEF DESCRIPTION OF NON-COMPLIANCE	CURRENT STATUS (ABATED - NOT ABATED SETTLEMENT AGREEMENT)

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IV. NOTARIZED SIGNATURE

NOTE: This form is required when a hearing is granted by the Missouri Land Reclamation Commission concerning the applicant's surface mine application.

By signing this form the applicant verifies that all information contained in the COMPLIANCE SECTION forms is correct, complete, and true to the best of their knowledge.

SIGNATURE OF APPLICANT		TITLE		DATE
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS			
	DAY OF		YEAR	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)				

FOR DEPARTMENT USE ONLY

APPROVED BY (DIRECTOR'S REPRESENTATIVE)	DATE APPROVED	PERMIT NUMBER